

Authorization Agreement for Authorized Deposits (ACH Debits)

St. Matthew Roman Catholic Congregation
1303 Lincolnshire Dr.
Champaign, IL 61821

Date Effective: _____

I hereby authorize **St. Matthew Roman Catholic Congregation**, hereinafter called COMPANY, to initiate debit entries for **tuition payment** at St. Matthew Catholic School, and to initiate, if necessary credit entries and adjustments for any debit entries in error to the account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ABA NUMBER _____ ACCOUNT NUMBER _____

ACCOUNT TYPE: CHECKING _____ SAVINGS _____

AMOUNT TO BE WITHDRAWN FROM MY ACCOUNT EACH MONTH _____

I agree to surrender to COMPANY an unused and voided personal check from DEPOSITORY as verification for depository account stated above.

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____
(please print)

SIGNATURE _____

NAME _____
(please print)

SIGNATURE _____